

Complete Summary

TITLE

Cervical cancer screening: percentage of female patients aged 18 to 60 years who had not undergone a hysterectomy, and who had at least one Papanicolaou (Pap) test in the last three years.

SOURCE(S)

Katz A, DeCoster C, Bogdanovic B, Soodeen RA, Chateau D. Using administrative data to develop indicators of quality in family practice. Winnipeg, Manitoba: Manitoba Centre for Health Policy, University of Manitoba; 2004 Mar. 87 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of female patients aged 18 to 60 years who had not undergone a hysterectomy, and who had at least one Papanicolaou (Pap) test in the last three years.

RATIONALE

There are numerous guidelines for screening for early cervical changes using the Papanicolaou (Pap) smear. These vary in the recommended frequency of testing based on prevailing levels of monitoring. The most conservative of the guidelines recommends that each eligible patient be screened at least every three years, but most recommend annual screening unless there is a monitoring system in place to ensure appropriate follow-up.

PRIMARY CLINICAL COMPONENT

Cervical cancer; screening; Papanicolaou (Pap) smear

DENOMINATOR DESCRIPTION

Female patients aged 18 to 60 years assigned to a family physician who had not undergone a hysterectomy (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Number of female patients from the denominator who had at least one Papanicolaou (Pap) test in the last three years

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- Focus groups
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Katz A, DeCoster C, Bogdanovic B, Soodeen RA, Chateau D. Using administrative data to develop indicators of quality in family practice. Winnipeg, Manitoba: Manitoba Centre for Health Policy, University of Manitoba; 2004 Mar. 87 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Unspecified

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age 18 to 60 years

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Rural women are generally reluctant to have pelvic examinations done by a male physician with whom they may have a social relationship. Indeed, female physicians have been shown to provide more cervical screening services to their patients than do their male counterparts. Urban women who do not wish to visit their family physician have access to more alternatives than do rural women. They may have easier access to female physicians, they may go to a gynaecologist, or they may choose to see a family physician with whom they are not well acquainted.

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

Goel V. Factors associated with cervical cancer screening: results from the Ontario Health Survey. Can J Public Health 1994 Mar-Apr; 85(2): 125-7. [PubMed](#)

Katz A, DeCoster C, Bogdanovic B, Soodeen RA, Chateau D. Using administrative data to develop indicators of quality in family practice. Winnipeg, Manitoba: Manitoba Centre for Health Policy, University of Manitoba; 2004 Mar. 87 p.

Lurie N, Margolis KL, McGovern PG, Mink PJ, Slater JS. Why do patients of female physicians have higher rates of breast and cervical cancer screening?. J Gen Intern Med 1997 Jan; 12(1): 34-43. [PubMed](#)

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Female patients aged 18 to 60 years assigned to a family physician who had not undergone a hysterectomy (see the "Denominator Inclusions/Exclusions" field)

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Female patients aged 18 to 60 years assigned* to a family physician

*A patient is allocated to the physician with the most visits (as defined by cost). In the case of a tie, the patient is allocated to the physician with the greatest total cost. Total cost calculations include direct care (i.e., visits) and indirect care (i.e., referrals to other physicians or for services such as lab tests and x-rays).

Exclusions

Patients who have undergone a hysterectomy

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of female patients from the denominator who had at least one Papanicolaou (Pap) test in the last three years

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Registry data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Cervical cancer screening.

MEASURE COLLECTION

[Indicators of Quality in Family Practice](#)

MEASURE SET NAME

[Disease Prevention/Health Promotion](#)

DEVELOPER

Manitoba Centre for Health Policy

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Mar

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Katz A, DeCoster C, Bogdanovic B, Soodeen RA, Chateau D. Using administrative data to develop indicators of quality in family practice. Winnipeg, Manitoba: Manitoba Centre for Health Policy, University of Manitoba; 2004 Mar. 87 p.

MEASURE AVAILABILITY

The individual measure, "Cervical Cancer Screening," is published in "Using Administrative Data to Develop Indicators of Quality in Family Practice." This document is available in Portable Document Format (PDF) from the [Manitoba Centre for Health Policy Web site](#).

For further information, contact: Manitoba Centre for Health Policy, Department of Community Health Sciences, Faculty of Medicine, University of Manitoba, 4th Floor, Room 408, 727 McDermot Ave, Winnipeg, Manitoba R3E 3P5; telephone: (204) 789-3819; fax: (204) 789-3910; Web site: www.umanitoba.ca/centres/mchp.

NQMC STATUS

This NQMC summary was completed by ECRI on April 18, 2006. The information was verified by the measure developer on May 1, 2006.

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